

**Salt River Pima -Maricopa Indian Community
Little Ballerz T-ball Program
Permission and Waiver Form**

Name: (PRINT FULL NAME) _____

Sex: M / F **D.O.B** _____

School: _____ **Age:** _____ **Shirt Size:** _____

If you have any questions or comments, please feel free to call Duane Guy @ **480-850-8356**, or David Willis @ **480-850-8775** or the Recreation Office @ **480-850-8350**

Parent/Guardian Information

Last Name: _____ First Name: _____

Address: _____

Phone #1 _____ Phone # 2 _____

(PLEASE NO PAGER NUMBERS)

Email _____

Emergency Contact Person

Last Name: _____ First Name: _____

Address: _____

Phone # _____ **(PLEASE NO PAGER NUMBERS)**

Medical Information

Is your child on medication? Yes/No If yes, what kind medication?

Is your child covered by Insurance? Yes/No If yes Provider Name?

Doctor: _____ Clinic/Hospital: _____

I _____ Give permission for _____ to participate and give permission for the Salt River Pima-Maricopa community Recreation Staff to arrange for emergency medical care in case of an accident or illness. This consent form does not authorize any surgical or related procedure capable of being deferred. In such cases, the specific authorization for surgery must come from the parent or legal Guardian.

I recognize that there may be risks and or dangers associated with certain types of recreational activities that may result in injury or harm. I understand that by signing this form, I release the Salt River Pima-Maricopa Community Recreation Staff from any responsibility for any accident/mishap that may occur during this program. Although I understand that all activities/programs are supervised by recreation leaders/instructors, I assume full responsibility for my Child/ward for this program and give my full consent.

Signature of Parent/Guardian: _____ Date: _____

Emergencies: If any child appears to be ill or verbally expresses so, the staff will immediately sit the child out of any activity. If the condition worsens, it will be your option to take the child home, but if illness appears to be serious we will call for transportation for the child to the closest medical facility.

Initials of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Little Ballerz T-Ball Program

Contacts: Duane Guy/David Willis

Days: Saturdays

Dates: February 21st, 28th & March 7th

Place: Lehi Community Center

Who: Boys & Girls 3-5 yrs old

Time: 10:00am-11:00am

Program: Children will be taught the basics of T-Ball hitting, base running and fielding.

Preference: Tribal members and Employees

Roster: First 20 Children

Registration: Monday, 2/6/09 to Friday 2/13/09

Parents/Guardians must stay with Children during entire program. NO DROP OFFS!!

